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DR. DIX'S CASES OF STRABISMUS.

[Concluded from page 109.]

Division of Internal Rectus of Right Eye. March 3d, 1841.—Master M. W., *et. 14*, of E. Boston, when three years of age, being one day in an unusual state of hilarity, laid himself down upon the floor, kicking and screaming apparently for joy. Within ten minutes after, the mother observed that the right eye was turned in, and it has so continued since that time. The squint is not extreme, no part of the cornea being hidden except when he looks with both eyes far to the left. Vision is very nearly lost in this eye, he having barely a perception of light with it.

Dr. J. F. W. Lane, Dr. Mason of Bangor, and Mr. Stone, being present, the internal rectus was divided near its tendon. The eye became immediately straight, while the left one seemed to be slightly turned in.

5th. He has had both eyes covered ever since the operation. On removing the bandage he finds that he can see his fingers with the right eye. This improvement of vision cannot be ascribed to the mere bringing of the eye into a position where it can be used, inasmuch as but forty-eight hours have elapsed since the operation, and during that time both eyes have been covered, and if he had at any time occasion to see, he has uncovered the left. May not the loss of vision in this case have been caused by a compression of the optic nerve by the spasmodic contraction of the internal rectus, and an unyielding condition of the others, and its restoration be owing to the relief from this compression consequent upon the division of the muscle? The obliquity of the left eye is now less than it was immediately after the operation.

15th. There has been a still further improvement of vision in the right eye, with which, he says, he can now see as well as with the other. He can, in fact, distinguish faces with this eye, but cannot as yet see to read with it. He does not remember to have had any double vision.

Division of Internal Rectus of Left Eye. March 5th, 1841.—Miss F., *et. 18*, of Wayne, Me., when seven years of age, being at school, was taught by her playmates to put her finger on the nose between the eyes and endeavor to look at it, by which process she acquired a squint inward with the left eye. In a few days, having discontinued the habit which produced it, she found that the eye became straight again, although ever after, when fatigued with bodily effort, or when the eyes had been used for a long time, the squint temporarily recurred. About 10 years

ago she had typhus fever, and during her convalescence, on looking one morning at a bright sun, she felt that her left eye turned in towards her nose. Great intolerance of light and severe pain in the eye succeeded. From these symptoms she obtained relief in a few weeks by the application of leeches, blisters, &c., the squint continuing unaltered. Now the squint is considerable, the pupil being occasionally carried quite to the inner canthus. By an effort of the will the eye can, however, be turned fully out to the outer canthus, and when it is in this position the right appears to turn inward. Both eyes, indeed, appear at times to squint inward. Vision is dim with this eye, and the focus of vision is shorter than in the other.

Drs. Bowen and Wigglesworth being present, the internal rectus was divided, the division being made in the posterior part of the tendon. Although the squint was very considerable in this case, I did not divide the muscle, because, in its present condition, it was of recent date, and it might fairly be supposed that the abductor muscle possessed very nearly its original power of contraction. The eye became immediately straight, the right somewhat inverted, though much less so than when, previous to the operation, by a voluntary effort the left eye was brought into the centre of the orbit.

8th. Left eye perfectly straight, right more nearly so than when I last saw her; no inflammation. Has double vision very seldom now, although previous to the operation it was almost constant.

15th. Wound quite cicatrized. Both eyes now straight, the obliquity which remained in the right, after the operation on the left, having totally disappeared. No special improvement in the vision of the left separately, but her general vision much better from the cessation of the double vision.

Division of Internal Rectus and a portion of the Superior Rectus of Right Eye. March 9th, 1841.—Mr. F. A. D., et. 28, of Boston, is doubtful whether his squint was caused by a fracture of the skull at three years of age, or was acquired by attempts to imitate a playfellow. He is confident that he did not squint previous to the accident by which the skull was fractured, but has no distinct recollection of squinting earlier than his fifth year. Now the left eye is inverted so far that the pupil is hidden at the inner canthus. By closing the right eye he can bring the left out not quite to the centre of the orbit, but can by no effort evert it at all towards the outer canthus. This effort to evert the eye is attended with a feeling of tension and pain at the inner canthus. Vision is very indistinct with this eye, and although by closing the other eye he can at first dimly distinguish one thing from another, in a minute or two they become blended, and he loses all perception of them. There is near the centre of the cornea a slight opacity, which, as it covers chiefly that part of the pupil which is toward the outer canthus, cannot, I conceive, be the cause of a convergent strabismus. When the left eye is brought as nearly straight as possible, the right turns slightly in.

With the assistance of Drs. J. F. W. Lane and Tower, the internal rectus was divided as far back in the muscular texture as possible, together with a few of the inner fibres of the superior rectus, with the instant removal of the squint, and complete restoration of the power of

everting the eye freely to the outer canthus, though it can still be turned at pleasure quite as far inward as most healthy eyes. Both eyes to be closed, and the left covered with a compress dipped in ice water frequently.

10th. Right eye to be closed, and the left used exclusively.

13th. Had some uneasiness in the left eye on the day that it was first uncovered and used alone; this has subsided, and he finds that the eye is much stronger as regards the sight, than before the operation. He enjoys now, for fifteen minutes, the same indistinct vision which before the operation lasted not more than one, the right being closed. Very little injection. Continue to keep the right eye shut and the left open.

16th. Eyes straight. He thinks the left is daily acquiring strength. Has been out of doors occasionally for three days past, keeping the right eye closed always.

Division of Internal Rectus of Left Eye. March 9th, 1841.—Miss S., et. 19, of Kingston, N. Y., has squinted with both eyes from birth, as she supposes. The inversion is slight and about equal in both, but perhaps rather more frequent in the left than the right. Vision of the left eye is very imperfect, so that she cannot see to read or sew with it. The globes are exceedingly small, and present, when straight, very little but the cornea between the lids.

Dr. Richardson and Mr. Stone assisting, the tendon of the internal rectus of the left eye was divided, with the restoration of the cornea to the centre of the orbit. Miss S. immediately observed, before the bandage on the other eye was removed, that she could see much better with this eye. Cold lotion, and both eyes to be closed.

16th. The left eye is nearly straight, and the right usually somewhat inverted. Vision has improved so much in the left eye, that she can now read and sew with it better than with the right.

17th. The left eye a little inverted occasionally when she looks forward with the right. At other times the right is inverted, and sometimes both may be made to appear equally so.

With the assistance of Messrs. Stone and Mordand, the tendon of the internal rectus of the right eye was divided. In consequence of the extreme smallness and sunken location of the eyes, I found it convenient to open the conjunctiva with scissors, rather than the knife which is ordinarily preferable. The right eye inclined outward, and the left became straight. Cover both. Cold lotion to right.

18th. Inversion of right less manifest than yesterday. Leave both eyes open.

22d. Eyes perfectly straight, and motions corresponding.

Division of Internal Rectus of Left Eye. March 9th, 1841.—Miss C. M., et. 15, domestic, of E. Boston, thinks that when very young her eyes began to turn inward, owing to wearing her hair over them. Both eyes now turn inward alternately, and vision is in both equally indistinct. It is difficult, indeed impossible, to decide which is the squinting eye. The squint is not extreme, the sclerotic being visible in both between the cornea and inner canthus.

Drs. Crane, J. F. W. Lane and Tower being present, the internal rec-

tus of the left eye was divided close behind its tendon. This eye inclined for a few minutes outward, but finally assumed a central position, the right turning in, as usual when the left is straight. Both to be closed, and the left covered with compress dipped in cold water. Sulph. magnesia, $\frac{3}{4}$ i.

11th. The left eye straight, the right much less inverted than just after the operation. Use the left eye only, leaving the right bandaged. May resume her occupations.

15th. Both eyes now so nearly straight that I conceive the operation, which I expected to do upon the right eye, unnecessary. Vision as before the operation, except that there is less fatigue in using the eyes, and she can more readily see objects on each side.

Division of the Internal Rectus of Right Eye. March 12th, 1841.—J. F., $\text{æt. } 5$, of Boston, two and a half years since, while suffering from hooping cough, was observed to squint inward with the right eye. As his health was re-established, the squint, which at first was extreme, gradually lessened, until, rather more than a year ago, it reached the position in which it has since remained. The inner edge of the cornea lies nearly at the inner canthus, when his left eye is directed forward. The left eye being closed, the position and movements of the right are correct.

Drs. G. Bartlett, Cotting, Wigglesworth, and Mr. Mears being present, the internal rectus of the right eye was divided near its tendon. The eye at once inclined a little toward the outer canthus, but on removing the bandage from the left eye, came back to the centre of the orbit. In order to avoid any untoward movement, the child was placed for the operation horizontally. It was not necessary to use the double hook, the fine one, with which the conjunctiva was raised, affording sufficient control of the globe to pass the blunt hook under the tendon. Both eyes to be covered, and the right wet with cold water.

13th. Cover left eye, leaving right open.

15th. When the left eye is closed there is a slight inclination of the right outward, which disappears on opening the left. The right can be turned in at pleasure. Leave both eyes open.

17th. Eyes straight. Wound cicatrized. Slight redness at inner canthus only.

STRABISMUS DIVERGENS.

Division of External Rectus Muscle. March 6th, 1841.—Mr. L. B., $\text{æt. } 21$, of Germany, when three years of age was attacked with smallpox, in convalescing from which he had an inflammation of the left eye, which lasted for six weeks, at the expiration of which time the eye was found to squint outward. Now the divergence is variable, when his attention is directed to it slight, and at other times decided, the cornea approaching the outer canthus within a half of a line when he looks straight forward with the right eye, and being partially hidden under the upper lid when he looks toward the left. Vision in this eye is very nearly as good as in the other. The squint in this case is somewhat upward as well as outward.

Drs. J. B. S. Jackson, Wigglesworth, O. W. Holmes, Bowen and Davis being present, the division of the external rectus was effected in

the same manner as that of the internal rectus in the preceding cases, except that the incision of the conjunctiva was made a little farther from the cornea, in order to bring the cicatrix under the lids. The tendon was divided near its insertion, and just beneath the incision of the conjunctiva, because, although the obliquity was considerable, the muscle being antagonized always by the rectus internus, and occasionally by the two oblique muscles, I was desirous of leaving as extensive adhesions of cellular tissue as possible between the muscle and the globe. The pupil instantly regained the centre of the orbit, and he had double vision. On turning the eye outward, which he has still the power of doing about as far as natural, the upward inclination is not observed. The sound eye was not bandaged during the operation, as the left eye was inverted more completely when it followed the eversion of the right, than when it was left to act independently of it. Both eyes to be closed, and the left wet with iced water.

7th. Both eyes perfectly straight, and moving harmoniously in every direction. Apply cold lotions occasionally, and at other times keep the right eye covered, and use the left independently of it.

16th. For a week past he has been out, and has had both eyes open as usual. They continue to be perfectly straight. He is conscious of an improvement of his general vision, though he perceives none in this eye alone.

Among the cases reported in the Journal for Dec. 2d, 1840, no disposition to relapse has been exhibited, but, on the contrary, two cases which I then regarded as but partially relieved, have subsequently improved very much. In one of these cases, Miss H., both eyes are now perfectly straight; and in the other, Miss C., the eye operated on is much less inverted than the other, and I now propose to divide the internal rectus of the right instead of repeating the division of the internal rectus of the left, in the confident expectation of thus relieving the remaining obliquity of both. In the case of Mrs. I. there was at one time a very slight eversion, which has been adjusted by snipping off a small fold of conjunctiva from the inner canthus.

Of 41 cases upon which I have now operated, 16 were males and 25 females; 40 cases were convergent, and 1 divergent; 11 cases were double, that is, requiring an operation on both eyes, and 30 single. Omitting three cases in which the strabismus is double, and but one eye has as yet been operated on, the squint is removed in every case, or so essentially improved that it is observable only in certain positions of the eyes.

Boston, March 23d, 1841.

J. H. D.

MEDICAL EVIDENCE.

[**SOME** severe observations by the editor of the Law Reporter, upon the character of the medical evidence rendered at the trial of Hannah Kinney, part of which were copied into this Journal of the 17th, were answered with peculiar force, by a physician of this city, in the *Atlas of*

last week. The article is transferred to our pages below, entire, from a persuasion that the manner in which the writer has vindicated the profession, would be acceptable to our readers.]

The Law Reporter and Mrs. Kinney.—A friend has just handed us a number of the Law Reporter for March, which contains, among other things, a review of the trial of Mrs. Hannah Kinney. A considerable part of this review is taken up by a general denunciation of medical testimony, and of that of the medical witnesses at this trial in particular. What object the writer of this article may have in view, it is difficult to say, but it is quite easy to show that a greater part of his criticisms are illogical, unjust or untrue.

In the first place, it is stated as a fault that there is "a difference between these witnesses of several square inches, in the size of an ecchymosis in the human stomach," &c. Now we deny that there was the slightest contradiction or incompatibility in the evidence of these witnesses. One of them states that an ecchymosis was found an inch or more in diameter, and another that it was three inches in diameter. If the last of these statements is true, the first is true also. In like manner, in regard to the number of spots, one witness asserts that there were three of them; and no witness asserts that there were more or less than three. And moreover, as it is the *existence* of these spots, and not their particular size or number, which is relevant to the case, the legal writer who compares the importance of the latter to that of "an inch in a man's nose," cannot be accused of having extended his discernment much beyond his own organ of the same name.

In the next place one of the medical witnesses is accused of having stated one thing at the trial, and another "in a late number of the Medical and Surgical Journal." Now it happens that the witness alluded to, never said or wrote a syllable about Mrs. Kinney or her trial, in any journal or printed publication whatever. We trust that the reviewer who dwells so much upon the importance of *precision* in medical witnesses, will take steps to render his own testimony more *precise* when he handles the reputation of others.

Again, much fault is found with one of the medical witnesses for certain discrepancies of testimony relating to persons and dates, connected with the case. But it ought to be recollect that these subjects are wholly extra-professional, and as liable to be mistaken by one class of persons as another. Human memory is often fallible, in the recalling of remote events, which at the time of their occurrence may have seemed of slight importance; and in the present case, the only errors of consequence were corrected by the witness himself during the trial.

The comparative accuracy of medical and legal statements, is not always illustrated in a manner very happy for the author's purpose. He says: "Upon examination the appearances were such as to indicate clearly that the death was caused by poison." Now the physicians thought the appearances did not indicate things quite so clearly as the reviewer does; and therefore they proceeded to a chemical analysis to clear up the doubt:

We do not perceive the propriety of introducing, on this occasion, the

instance of conflicting testimony between certain physicians in a certain trial in the State of New York. Any one who should set himself to look up examples of discrepancy in clerical, mercantile, or even legal, testimony, would not want for abundant materials in the annals of jurisprudence throughout the country, belonging, we apprehend, quite as much to one class or profession as to another.

We do not perceive the reasonableness of blaming the physicians who superintended the analysis for not sufficiently proving the identity of the substance analyzed, with that taken from the stomach. Of this identity we presume no person who heard the trial, entertains any doubt. But whether proved or not, the physicians were not to blame. They were under no obligation to make the analysis. It was a troublesome, a thankless, and, to most of them, an unprofitable office. They had no motive, but the love of truth and justice, to actuate them. Having gone through the operation in the best manner in which it was convenient for them to do it, they stated, under oath, the result. If this was satisfactory to the Court and to their own conscience, they perhaps will not give themselves much regret if it is not so to the Law Reporter.

The reviewer gives us to understand that, in the opinion of the legal profession, medical witnesses are apt to be discursive, and "at times excessively prosy." If this be the fact, it probably arises, in part, from the mode in which judicial examinations are often conducted. It is the duty of a witness on the stand to state the truth. It is the business of legal counsel to distort and suppress the truth, except so far as it suits their own purpose. Hence the interrogatories of the bar are often partial, abrupt and annoying. Moreover, they are generally made by persons who are unacquainted with the science about which they inquire, and are therefore conducted in a manner which does not admit of the most brief or conclusive replies; and which thus engenders the very prolixity complained of.

A word more in conclusion. The class of witnesses under review have a right to complain of the very imperfect manner in which their testimony is often reported and given to the public by members of the legal profession. They are now and then surprised at finding themselves announced as having asserted, on oath, absurd and extraordinary things, of which they never dreamt, and wholly at variance with other things not mentioned, which constituted their real deposition. Of this, some truly remarkable examples may be found in the report of the trial under consideration. The medical profession should be willing to bear the weight of their own sins, but must be allowed to complain if they are burdened with an additional imposition from their brethren of another profession. O.

ACEPHALOUS FETUS—IMPERFECT SPINAL COLUMN.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the last Journal an account is given of an acephalous child, produced, as the writer of that article appears to infer, from its mother's feelings. I send you the following case, which you may insert in the Jour-

nal, or throw under your table, as in your opinion will best suit your numerous readers.

A. J. E.

Pelham, March 12, 1841.

June 20th, 1840, was called to attend upon Mrs. ——, aged 35 years, in labor with her first child. She had been in labor, her attendants said, near twenty hours. On examination, found the os uteri neither dilated nor dilatable. As this was six weeks before her expected time, I ventured to assure her that she would not be confined for several days, and took my leave. She continued to keep about the house most of the time, having occasionally a light pain, until the evening of the 28th, when her waters broke, discharging a large quantity; as declared by herself and her nurse, "a vessel which would hold but little less than seven quarts was filled full." For thirty-six hours she remained entirely free from pain. 30th, in the morning, was again summoned in haste, and found her in actual labor. In one hour she was delivered of a child, a female, stillborn, and malformed. It had no neck, and the upper half of its spine was wanting; its head was placed directly upon its shoulders, with its face looking up in an angle of about forty-five degrees; no occiput; a fleshy substance grew from its brain; upper half of its back projecting a full inch beyond the surrounding parts, from one half to an inch in width, and extending from the middle of its back to the anterior fontanelle. Its upper and lower extremities and body, in all respects, except as stated above, were well formed. Weighed six and a half pounds.

As soon as she was delivered I wrapped the child in a cloth and placed it in an adjoining room. Its deformities were not known to its mother or her attendants for several hours. She was a woman of more than ordinary size, presenting strong muscular development; in her deportment she was kind and affable; a believer, she said, in anything but the superstitious. I questioned her in every possible way as to the deformity of her child. She declared that "she had never seen, heard, read or thought of anything that, through her feelings or imagination, could produce a deformed child; that for herself she could not comprehend how an impression made upon the mind of the mother could determine the form of her offspring;" and has seriously concluded, that "if such is the fact, she will try to determine the cause next time."

BRONCHIAL POLYPUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I will describe to you a case I have in my care, and send a quantity of what has been expectorated from the lungs, wishing you to examine it and show it to some of the profession for examination, and communicate your and their opinions as to what it is, and from what particular tissue or organ such a substance could be formed, for I am at a loss to understand it as I should like to, and so with several physicians in this place.

M. Eaton, wt. 18, full muscles, brown hair, hazel eyes, happy dispo-

sition, was attacked with cough in the month of Sept. last, without pain, expectoration or feverish symptoms, which increased until a paroxysm would last from an hour to an hour and a quarter. I was called to visit her in the month of January last, for the first time. She had a hard, dry cough (though able to keep a school with 25 or 30 scholars), brown tongue, pulse about 80. I gave her medicines for about two or three weeks, and she began to raise, and in a month freely. About ten days ago she began to raise substances like that which I here send you, and raised, in 24 hours, several of them, and continues to at this time. She has some appetite, tongue has considerably cleaned, somewhat emaciated, able to go about the house, expectorates about two or three ounces per day. She has had no hemorrhage from the lungs, no pains about the chest, always raises when she coughs, bowels regular; catamenial discharge never been regularly established, though appearing occasionally.

New Bedford, March 10, 1841.

LEVI FOLSOM.

[*Note.*—With the above note from Dr. Folsom, we received a phial containing specimens of the expectorated matter referred to, which resemble casts of some of the bronchial tubes, near their branchings. They are of a pearly whiteness, and when shown to our neighbor, Dr. J. B. S. Jackson, he unhesitatingly called the matter *serum*. The phial was deposited in the museum of the Boston Society for Medical Improvement, where it may be examined by those curious in such matters. Dr. Good refers to authorities under the head of *bronchlemitis*, for analogous appearances. An article, also, with cases in detail, under the title of *bronchial polypus*, by Dr. J. North, may be consulted in the London Medical Gazette for May, 1838, with two drawings. These curious branching limbs of compact serum, resembling in their external character a tremulous jelly, are figured in Baillie's *Morbid Anatomy*.—ED.]

SYRUP OF SARSAPARILLA—DR. CORBETT'S PREPARATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reading Dr. Tenney's remarks on the Compound Syrup of Sarsaparilla, as prepared by Dr. Corbett, of Canterbury, I was led to inquire why omit to give the recipe? As it is no secret, I hope it may be given through your Journal, for the benefit of the profession. Dr. Corbett, as a practical chemist and botanist, stands high in the community, and the profession would be happy, no doubt, to receive any of his contributions. I believe it is a practice among the fraternity to contribute, as public property, any discovery which *seems* to promise any improvement to our science, by which suffering humanity may be alleviated.

Woburn, Ms., March 14, 1841.

JOHN CLOUGH.

[*Note.*—Dr. Corbett once gave us the particulars of the process of manufacturing the syrup, and the articles entering into the composition, in the frankest manner—but from the multitude of things which occupy the mind of an editor, we cannot recall the facts. As Dr. Corbett is as

thoroughly opposed to quackery and nostrums as any man living, we have no doubt that he will gratify Dr. Clough, when he reads the above communication.—Ed.]

CASE OF POISONING BY LAUDANUM.

To the Editor of the Boston Medical and Surgical Journal.

SM.—On the 9th inst. at 5 o'clock, P. M., I was called to visit a young woman of large frame, rather tall, sanguine temperament, 22 years of age, who twenty or thirty minutes before had swallowed an ounce of laudanum, probably for the purpose of self-destruction. She was in a state of almost perfect insensibility, face livid and swollen, respiration slow and stertorous, pulse slow, probably not exceeding 45 in a minute, jaws firmly shut. I immediately pried her mouth open, and put into it 40 grs. of ipecac., and the same of sulphate of zinc, in half a gill of water. I repeated this dose at intervals of ten or fifteen minutes, five times, using 200 grains of ipecac. and as much sulph. of zinc, but I was not positive that any was swallowed. I then tickled the throat with feathers, but without effect. I was then under the necessity of leaving her for about thirty minutes. On my return, I found her much as above described. I then injected through an elastic catheter into the stomach twelve grains of tart. ant. dissolved in half a gill of water. In this operation I succeeded perfectly, the whole being conveyed to the stomach. After waiting half an hour, and perceiving no symptoms of an operation, I threw down 24 grains more of tart. ant. dissolved in a gill of water, and left her again for half an hour. When I returned there had been one very feeble effort made to vomit, and about half a gill was thrown up. The pulse were slower than before, respiration probably not exceeding six in a minute, face very livid, no appearance of any more vomiting. I then threw down sixty grains of sulph. zinc dissolved in half a pint of water, but it produced no sensible effect.

Eight o'clock, three hours after I first saw her, she had in her stomach 36 grains of tart. ant. and 60 grains of sulph. zinc, which were injected in, and perhaps in addition some portion of the 200 grains of ipecac., and 200 grains of sulph. zinc, that were put into her mouth at first, and no appearance of vomiting. All the symptoms were increased, and death seemed to be near. Under these circumstances, seeing there was no prospect of making her vomit by any ordinary means, I was resolved to make an experiment. I injected a pint of vinegar into the stomach, and immediately after it a large teaspoon four times heaped full of sal eratus, dissolved in half a pint of warm water. The effect was instantaneous. It broke forth foaming from the mouth in a stream of the full size of that orifice, with such force as to be projected a yard or more. The quantity thrown up I judged to be at least a quart, in a state of complete effervescence. In about fifteen minutes, as there was no further vomiting, I repeated the operation, using but half the quantity of vinegar, with the same quantity of sal eratus and water, with the same immediate effect. I then left her for the night, with directions to give her freely strong green tea if she should recover sufficiently to drink it.

Next morning I found her very much prostrated; had vomited several times during the night, but was perfectly rational. I have visited her three times since, and she is now, at the time of writing this, so far recovered as to require no further medical attendance.

Boston, March 14, 1841.

EPHRAIM BUCK.

LECTURE OF M. CHOMEL AT HOTEL DIEU.

[Translated for the Boston Medical and Surgical Journal.]

THE rule which has always guided me in my practice, and in the course of instruction which I have pursued for many years, is to establish as accurately as possible the phenomena which are present in the patients, and carefully to draw the inferences from these facts; and I now experience the necessity of applying this rule to the great divisions of pathology.

What is disease? The rule which I have adopted obliges us, instead of giving a definition of it properly speaking, to give an abridged description of the phenomena which constitute it. For example, do we know the nature of cancer? Assuredly not; we must be content, then, with stating its principal morbid phenomena.

It is the same with the causes of disease; it is not always easy to arrive at an exact knowledge of these *causes*. The physician should give particular attention to their occurrence—thus, in regard to cold, he should question the patient carefully, to ascertain if he is habitually exposed to it, or if its influence has been only accidental and temporary. He should guard against giving entire credence to the reports of the patients; he should take into consideration their intelligence. It is for the want of these precautions that there exists among physicians such a diversity of opinion relative to the effects of cold, and upon many other morbid agents.

As to the occasional causes, they may have a different influence, according to the idiosyncrasies of the individuals who are subject to them. Thus, to take another example from cold, of a thousand persons who are exposed to the cold, ten will be attacked with disease; whence we must admit the existence of certain individual predispositions.

In regard to the *symptoms*, nothing appears more easy, at first sight, than to define them; but a little experience is sufficient to undeceive us in this respect. It is not always easy to establish that which is present, and that only; it is especially necessary to study the normal condition of our patients, and I cannot too strongly recommend to physicians to guard against those uncertain sensations, which far from establishing their diagnosis upon a sure basis, have too often the opposite effect. Thus, auscultation, percussion, the touch, often become the source of fatal errors, when one pretends to carry to an extreme these modes of investigation; we must confine ourselves to the perceptible phenomena. I do not pretend that there are not some persons who have acquired by long habit, and by superior skill, the faculty of perceiving sounds which others perceive not; but frequently, also, the imagination deceives one, and that which was announced the day before is not heard the next day. * * * * *

In the researches upon the value and efficacy of therapeutic agents, ex-

act observations are very necessary. This leads me to point out to you the difficulties which attend the experimenting upon diseases. Nothing is more simple in appearance; but there is not, perhaps, a single person who exercises the art of healing, who has not drawn false inferences from it. Open the works upon therapeutics, and you will find there some hundred remedies represented as specifics; at present there is not a single one. To make known the primitive effects of medicines seems an easy matter, yet we are constantly deceived in regard to it. Take the substances called diuretic, the special action of which has been so much extolled: in dropstics which are generally symptomatic of organic lesions, is it not true that often, even almost always, we do not find a single substance which can increase the urinary secretion.

The greatest difficulty, when one wishes to ascertain the action of medicines, is to make allowance for the changes which are about to occur: indeed, it is impossible to be certain in every case what would occur if no remedy were employed. Before making the trial, we should be thoroughly acquainted with all the pathological phenomena. It is not sufficient to be able to diagnose a disease in order that we may know what will take place.

Let us examine briefly the rules which ought to guide the observer:—
1st. His senses should be in a perfect condition. 2d. His mind should be attentive, composed, and exempt from every prejudice. 3d. He should be acquainted with the remedy about to be employed, the patient, and the disease.

It is necessary to know the physical and chemical properties of the medicines, and the doses in which they may be administered. In regard to this I have been in the habit of giving, in my lectures, cases in which energetic medicines have been administered in very large doses, and I have related what happened to me whilst I was making trial of strychnine at the hospital of La Charité, several years since.

M. Pelletier sent me six pills of this vegetable alkali, each containing one quarter of a grain of strychnine; I gave them, one at a dose, to a patient who had already taken considerable quantities of the alcoholic extract of *nux vomica*. I increased the dose progressively to a grain, without producing upon the patient any marked effect. Having used the six pills, I asked for others, and he sent me two of them containing one grain each; I gave both of them to the patient; he was immediately seized with tetanic convulsions of the limbs and of the diaphragm. These alarming symptoms fortunately yielded to the use of laudanum in large doses, and the patient recovered.

I have told you that it is necessary to be acquainted with the patient. His morality, his intelligence and his idiosyncrasies should all be taken into view. How many persons there are who feign diseases from different motives; and how many physicians have been influenced by these deceptions? It is very probable that the physicians who have reported cases of extraordinary cures effected by magnetism and other analogous means, have been imposed upon by fraud and falsehood.

I need not insist upon the acquaintance which we ought to have with the disease. It should be known not only in what it actually is, but in

what is likely to supervene. It is only in this manner that we can form an exact diagnosis.

There are still other precepts for the trial of medicines. Thus, we should ascertain if the medicine has been actually taken. It often happens that the physician thinks that the remedy has done wonderfully because he sees the condition of the patient improving. There are patients who change the interval and the doses of the medicines; there are others who conceal those which the physician directs, and take different ones. It is not rare to find, in the mattresses of the hospitals, quantities of pills which have been concealed by the patients.

Change of place may influence decidedly the condition of many affections. Thus, a patient who enters the hospital with an affection of the heart and presents all its characteristics, as dyspnoea, oedema, palpitation, is often relieved of the swelling by repose alone. If digitalis or diuretics were given to this man, one might be led into error by supposing that the amendment was owing to the employment of these remedies.

The variations of the atmosphere exercise a remarkable influence upon the effect of medicines. If you try remedies for the perspirations of consumptive persons, it should be ascertained whether he is warmly covered, whether he sleeps, &c.; we know that sleep favors materially the perspiration.

Imagination plays an important part in the action of medicines. Physicians have administered bread pills and produced salivation. Intermittent fever has yielded, sometimes, to the influence of spider's web which the patient has chewed, sometimes to candle snuff. When we make trial of a medicine, then, and are unacquainted with it, we should put imagination out of the question; on the contrary, when we are sure of the result, we shall find a powerful auxiliary in the imagination of the patient.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 31, 1841.

STATE LUNATIC HOSPITAL AT WORCESTER—EIGHTH REPORT.

This is one of those legislative documents which belong to the whole people, since it relates to an ill that flesh is heir to; and all, therefore, are interested in the specific information it communicates. We admire Dr. Woodward's reports, from the circumstance that he generalizes like a comprehensive philosopher, while he details the minor things which belong to the institution without fatiguing the mind with a useless farrago of small talk. In the series of eight reports made by him, he has produced a volume of the highest importance to the philanthropist, the physician, the phrenologist, and, indeed, to those who merely study economy in the management of great establishments created for the benefit of the unfortunate. There is an orderly arrangement, too, and a finish in them that requires no after touches—no pages of apologies—no postscripts. But

having from season to season expressed ourselves with unrestrained freedom in regard to the doctor's reports, we shall not repeat the views of past years nor weary the reader with comments.

Most unfortunately, in this eighth report, the printer has made our friend appear to woful disadvantage in two instances. Under the article *discipline*, reference is made to *confining chains!* things never seen in Worcester. But it is too late, we fear, to overtake an error, now travelling over the globe by all the last steamers and packets. *Chairs* was the word. Those accustomed to the representations of mild measures, founded on the law of kindness, as repeatedly referred to in Dr. Woodward's former communications to the General Court, would be led to suppose, without this essential correction, that he had become the keeper of State criminals, whose safety depended on bolts and iron chains.

Several reports from similar hospitals have recently been received, which prevents our dwelling more at large, at this time, on the Worcester institution. As circumstances permit, extracts will be made to show how it deserves to be sustained by a liberal policy, becoming the advanced condition of society, and the resources of Massachusetts.

Ohio Lunatic Asylum.—Through the politeness of Dr. A. G. Miller, of Mansfield, we have been favored with the second annual report of this well-managed and successful retreat for the insane, by Dr. Awi, the devoted superintendent. The total expenses the past year, were \$16,551 87—and as the proportion of paupers, says the superintendent, "is yearly increasing, and therefore the amount received from pay patients cannot be estimated, we think an appropriation of \$15,000 will be needed for the coming year." Whole number of patients admitted, to Nov. 15, 1840, 258; males, 140; females, 118. Old cases, 170; recent, 88. Paupers, 201; pay patients, 67. Condition—single, 135; married, 100; widows, 17; widowers, 6. Whole number who have recovered, 80; improved, 3; incurable, 13; idiotic, 2; died, 22. That part of the report under the title of *conclusion*, has some admirable observations which should be committed to memory by those having insane friends. One subject spoken of, "is in reference to the practice of making false promises or using deception of any kind, in order to induce insane persons to leave home and come to the asylum. This has a tendency to excite suspicion and prejudice against the officers and attendants of the institution, to a degree that may lessen their influence and perhaps entirely destroy the effects of a whole course of treatment."

A Guide to Self-knowledge, as manifested through the Brain.—Such is the title of a pamphlet by Mr. T. H. Pons, a manipulating phrenologist, who discovers a hearty devotedness to the study of the mind, as manifested by the brain. A new phrenological chart, by Mr. F. Coombs, has been politely sent to this office, which bears a striking resemblance, as it regards divisions and subdivisions of the subject, to Mr. Pons's "seven degrees of development." The collection of crania in the possession of Mr. Coombs, who is located in Washington street, must necessarily become extremely valuable, at the present rate of increase.

Dentologia.—Through the pages of the American Journal of Dental Science, a periodical that is constantly improving under the judicious con-

trof of several prominent members of a necessary but too long undervalued profession, we have, little by little, arrived at the end of a singular poem "*On the Diseases of the Teeth, and their proper remedies, by Sylvester Brown, A.M., with notes, practical, historical, illustrative and explanatory.*" A genius, only, would have conceived the idea of such a work, and surely the execution required no ordinary literary powers. Having no poetry in our composition, it would be a downright committal to criticize the machinery of this unique production, in that particular aspect. There are some lofty flights of the imagination, a boldness of expression, and here and there a spot of a delightful something that strikes even a prose-making, matter-of-fact man as being inexplicably agreeable. We hardly know which had the most difficult undertaking, Dr. Mack to write anatomy in rhyme, or Mr. Brown to make a finished canto out of diseased human teeth. With the notes, however, we feel more decidedly at home since they are tangible. After a second perusal, light began to break forth, and now it would be uncandid to pretend that the author has no claims upon scientific readers. Such is the nature of the subject, and the manner of treating it, that to be appreciated, his numerical illustrations must be studied with care. Mr. Brown shows himself to be extensively read in the best class of medical works, both ancient and modern; and that is not all—it would require some hocus pocus, even in Boston, a city of libraries, to find several old books with which he appears quite familiar. As Salmagundi said of Mr. Fessenden's Terrible Tractation, this should be called *Notes, with a Poem, instead of a Poem with Notes.* Medical gentlemen, of all others, would derive satisfaction from these ample notes—the result of a labored research; and we therefore enjoin upon such as have the leisure, to at least refresh their memories by an attentive perusal of the *Dentologia.*

Commendation of American Medical Journals.—A note in Mr. Combe's recently-published tour in the United States, is very complimentary to the scientific attainments of the profession of this country. He says that the communications in the American medical journals, on the average, are superior to those found in the European journals.

Copland's Dictionary.—Dr. Copland has addressed a note to his publishers in relation to this unfinished work, in which he says that the *seventh* part will be ready in a few weeks, and the whole will be out soon. Reasons are given for the unprecedented delay in its completion.

To Correspondents.—The communication on Homoeopathy by D. C., and Dr. North's Medical Reports at Saratoga, are on file for publication. Other papers, before acknowledged, will be inserted as space in the Journal and their length will permit.

Died.—In Norton, Mass., Dr. Richard F. Sweet, aged 40.

Number of deaths in Boston for the week ending March 27, 29.—Males, 16; Females, 15. Stillborn, 8. Of consumption, 6—teeth, 1—marasmus, 1—debility, 3—old age, 1—liver complaint, 3—croup, 3—droopy on the heart, 1—disease of the heart, 3—scrofula, 1—infantile, 1—cancer, 1—menitis, 2—long liver, 1—suicide, 1.

A PHYSICIAN,

Located in the eastern part of this State, wishing to retire from the active duties of his profession, offers his situation for sale. Fraction—worth about \$1500 a year. Good recommendations will be required. Address the editor—all letters of inquiry post paid.

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TO MEDICAL STUDENTS.

SPRING COURSE OF LECTURES AT THE COLLEGE OF PHYSICIANS AND SURGEONS,
NEW YORK.

An Association has been formed, for the purpose of offering to the students of medicine in New York, a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby Street, on the following subjects:—

On the Physiology of the Chest, Aeration and Respiration, by J. S. GILMER, M.D., Lecturer on the Anatomy and Physiology of the Chest. This course will be fully illustrated by Diagrams.

On the Heart and Great Vessels, by J. C. DETHMERS, M.D.

On the Anatomy of the Eye, by W. C. WILSON, M.D., Surgeon of the New York Eye Infirmary.—On the Anatomy of the Uterus, by C. E. GRANGER, M.D., Lecturer on Obstetrics.

On the Anatomy of Women and Children in the College of Physicians and Surgeons, by W. PARKER, M.D., Professor of Surgery, College of Physicians and Surgeons.

On the Anatomy of the Nervous System, by JAMES GRANT THOMSON, M.D., Professor of Anatomy, College of Physicians and Surgeons.

On Surgical Anatomy, by E. WATTS, JR., M.D., Professor of Anatomy, College of Physicians and Surgeons.

The lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily—hours, from 1 to 2 o'clock.

As the course is intended with the single aim of doing something towards the removal of medical ignorance, and particularly to develop the great advantages which New York, by her singular size, and by the remarkable abundance and variety of diseases which are met with in her Hospital, Almshouse and Dispensaries, offers to the student of practical medicine and surgery, the Association has determined to put the fee for the Course at a price easily paid—leaving thereby no pecuniary obstruction offered, within the reach of all who are anxious for professional improvement.

For full details, see Dr. J. S. Gilmer, No. 8 Crosby Street, New York, April, 1852, 1853.

M.B.—

PRIVATE MEDICAL INSTRUCTION.

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JOHN CLANNING,
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A YOUNG PHYSICIAN.

HAVING the best opportunities as to education, &c., wishes to obtain a situation. A box addressed to Dr. J. S. Gilmer, Box 144 Post Office, Boston, will meet with prompt attention. M. 17—21

ABDOMINAL SUPPORTERS.

Dr. HAYDEN'S INSTRUMENT, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with patient strap, only \$4—without, \$3.50. By addressing the publisher, No. 304 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—Dr. New Hampshire, Drs. J. A. Dens, N. Huntington; A. Harris, Cobscook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Pitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

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August, 1852.

A. 25.—1200

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March 19.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., 304 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. W. C. SMITH, M.D., Editor. Price \$2.00 a year in advance, \$1.50 after three months, or \$4.00 if paid within the year. Two copies to the same address, for \$3.00 a year, in advance. Orders from a distance must be accompanied by a sufficient amount of money, including postage. Postage the same as for a newspaper.

1852 N.Y.